



SCHOOL HEALTH PROGRAM

2003/2004 School Year

Competitive Request for Proposals (RFP)

Texas Department of Health
Bureau of Children's Health
1100 West 49th Street
Austin, Texas 78756-3199

Release Date – January 31, 2003

APPLICATIONS DUE by April 15, 2003

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Commissioner

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INFORMATION**I. INTRODUCTION**

The Texas Department of Health (TDH) School Health Program announces the expected availability of fiscal year (FY) 2004 Maternal and Child Health Block Grant funds to provide start-up funding for model school-based health centers (SBHC) that deliver conventional primary and preventive health services and related social services to a school-age population on a school campus. Funds are intended to support school-based health centers that meet the health care needs of students and their families.

This Request for Proposal (RFP) contains the requirements that all applicants must meet to be considered for funding. Failure to conform to these requirements may result in disqualification of the applicant without further consideration. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFP.

The response to this RFP must be arranged in the order described in **SECTION VI. APPLICATION CONTENT**. Failure to arrange the application as described may result in disqualification. Clear, concise application content is emphasized and encouraged. Vague and general applications will be considered non-responsive and may be disqualified.

Before completing the application, please refer to any relevant program standards provided in **SECTION II. PROGRAM INFORMATION**. Other sections within the RFP may contain additional instructions pertaining to unique program requirements set forth in legislation or regulations.

PLEASE READ ALL MATERIALS BEFORE PREPARING THE APPLICATION**A. Eligible Applicants**

Eligible applicants are school districts, charter schools, and school district cooperatives. Applicants that are currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs are also ineligible for funding through this RFP.

B. Project and Budget Periods

Approximately **\$500,000** is expected to be available to fund **four (4)** projects. The specific dollar amount awarded to each applicant depends upon the merit and scope of the proposed project. The maximum funding available to a single project for the first budget period is \$125,000.

It is expected that the contract will begin on or about **09/01/03**, and will be made for a **twelve (12)** month budget period within a project period of **three (3)** years.

Continued funding in future years is based upon the availability of funds and documented progress of the project during the prior budget period. Funding may vary and is subject to change each budget period. It is expected that the maximum funding available to a single project for the second year of funding will be \$93,750. It is expected that the maximum funding available to a single project for the third and final year of start-up grant funding will be \$62,500.

C. Use of Funds

Funds are awarded for a specifically defined purpose and may not be used for any other project. These funds are to be used for providing coordinated preventive and primary health services to all requesting families in the school population who lack access to medical care. Funds are intended for start-up expenses and operational costs. Appropriate expenditures include minor remodeling of a school building to accommodate health services, equipment rental fees, purchase of clinic equipment and supplies, patient transportation, staff salaries and basic benefits, and contractual services. Funds may not be used to supplant local or state funds or any existing funding or services, to provide services already accessible to the school population, or to reduce deficits from pre-existing operations.

D. Schedule of Events

(1) Post to the Electronic State Business Daily.	01/31/03
(2) Issuance of RFP.....	01/31/03
(3) Deadline for Submitting Letter of Intent.....	04/01/03
(4) Deadline for Submitting Questions.....	04/01/03
(5) Deadline for Submission of Applications.....	04/15/03
(6) Written Notification to Selected Applicants.....	05/15/03
(7) Written Notification to All Applicants.....	06/01/03
(8) Estimated Contract Start Date.....	09/01/03

II. PROGRAM INFORMATION**A. General Purpose and Program Goals**

Maternal and Child Health Block Grant funds are offered by TDH as start-up funding for innovative school-based health centers that deliver conventional primary and preventive health services and related social services to a school-age population at a school campus. For purposes of funding under the terms of this RFP, a school district shall identify a need(s) and design a model for the delivery of cooperative health care programs for students and their families. The model shall provide for the delivery of conventional health services, wellness promotion, and disease prevention of health problems specific to the district. The school district may establish a school-based health center at one or more campuses in the district to meet the health care needs of students and their families, or may utilize a mobile clinic.

The funding offered in this RFP is intended for use by individual school districts that:

- have a large percentage of children who cannot access primary health-care services;
- experience a scarcity of health-care resources (e.g., funds, providers, facilities, etc.); and
- are unable to link students with health resources in the community.

B. Background

As a public agency, TDH has dedicated itself to mobilizing the partners, activities, and resources required to improve the health of the people of Texas. Thus, optimum physical and mental health for all children in Texas is an essential part of TDH's mission. TDH champions prevention as the primary approach for improving health. Currently, however, many children in Texas do not receive the preventive care they need, or face barriers that limit their access to care. Many children and families rely on the school nurse or utilize the emergency room as their primary healthcare provider due to the lack of a medical home. As a result, health conditions may receive episodic care or remain untreated.

Recent research has clearly shown that making preventive health care available at school (with parents' permission) is a solution to many of the problems or barriers that families may face relating to health care. A major focus of this project, therefore, is to assure that each child in school has a medical provider who knows the health history of the child and the family and is available to offer or arrange for healthcare whenever needed. For the child whose family has established a professional relationship with a medical provider, school-based health personnel will communicate information to the medical provider. For the child who has no medical provider, the school-based health center will serve as the entrance point to the health-care system. School personnel will offer the family education about preventive health and guidance in how to make effective linkages with needed social and health-care services in the community.

The educational system has a vested interest in partnering with other community organizations and entities to achieve better health care—and better health—for students. For decades, leading educators have asserted that a child is more likely to reach full educational potential if he or she has attained optimum physical and mental health.

In addition, school personnel are often called upon to partner with parents and health-care providers in achieving optimum health for children. The school setting allows for observation over long periods of time of a child's dietary, growth, and activity patterns. Teachers, counselors, school nurses, and other school personnel may recognize signs of physical or mental health issues that need to be addressed.

The school-based health center's activities and services will be facilitated by collaboration between school health personnel and other health/social service providers and agencies in the community. In order to ensure community collaboration and integration, the board of trustees of a school district shall establish and appoint members to a local health advisory council from a broad range of community sectors.

School-based health centers are not a new phenomenon in Texas. One of the first in the nation was established in Dallas in the early 1970's. Over the next three decades, these community-based, family-centered facilities increased in number across the state. Today, school-based health centers are an integral part of the educational institutions where they exist, demonstrating the close relationship between quality physical and mental health care and academic success. The centers are an ideal venue in which to eliminate many barriers to optimal health care for children and families, address the health problems that prevent or impair academic success, and achieve measurable improvements in the health status of people in Texas communities.

C. Program Legal Authority

The School-Based Health Center Initiative is funded as a program priority through the TDH School Health Program with the use of Title V Maternal and Child Health Block Grant funds in order to provide, and ensure access to, quality maternal and child health services for children and families, particularly those with low incomes and/or limited access to health services.

Authority for TDH assistance to school-based health centers in Texas is derived from Education Code §38.011 and Rider 50 (Related to School Health Expenditures). All requirements of the law, TDH school-based health center rules, and Rider 50 shall be considered as incorporated into this RFP by reference. Any application for funds submitted in response to this RFP that violates, or proposes any activity that if carried out would violate, any section, subsection, article, or provision of the law, TDH rules, or Rider 50 will not be considered for funding.

All applicants should note the following requirement in Education Code §38.012. Before a school district may expand or change the health care services available at a school in the district from those that were available on January 1, 1999 the district must:

- 1) Hold a public hearing at which the board discloses all information on the proposed health care services. This information should include:
 - a) all health care services to be provided;
 - b) whether federal law permits or requires any health care services provided to be kept confidential from parents;
 - c) whether a child's medical records will be accessible to the child's parent;
 - d) information concerning grant funds to be used;
 - e) titles of persons who will have access to the medical records of a student; and
 - f) security measures that will be used to protect privacy of students' medical records.
- 2) The hearing must include an opportunity for public comment on the proposal.
- 3) The hearing must provide an opportunity for the public to approve the proposed expansion/changes by a record vote.
- 4) School districts selected through the application review process as prospective TDH contractors under the terms of this RFP may be asked to complete the requirements above prior to the execution of the contract and project start date.

D. Project Development

All applicants are urged to discuss their interests and ideas for developing projects early in the planning stage with state, regional, and local planning agencies and/or health departments. Community support should be assured by providing opportunities for public and private participation in the planning and development phases.

E. Letter of Intent (LOI)

A non-binding Letter of Intent (LOI) is requested for this program. The letter should indicate 1) the name of the school district applying, 2) the applicant's intent to apply for School-Based Health Center start-up grant funding from TDH, 3) the name of the proposed project coordinator, and 4) a brief description of the proposed project. The letter of intent will be used to allow TDH staff to determine the level of interest in the grant announcement and to plan the review more efficiently.

The LOI should be mailed or faxed to the TDH Contract Management Section at the address/fax number listed on page eight (8) of this RFP so it may be received by Tuesday, April 1, 2003.

F. Program Requirements

- 1) **Responsibilities:** Applicants that become TDH contractors will be responsible for the following:

- a) All selected applicants will be required to conduct project activities in accordance with Education Code §§ 38.0095, 38.011, and 38.012; and TDH school-based health center rules, 25 TAC §§ 37.531-37.538, as described above in **Section C. Program Legal Authority**.
 - b) All selected applicants will be required to conduct project activities in accordance with Quality Care: Client Services Standards for Public Health and Community Clinics as well as program-related standards and/or requirements. Copies of this document may be obtained by contacting the TDH Public Health Nursing section at (512) 458-7771, ext. 2916 or <http://www.tdh.state.tx.us/nursing/phnpubs.htm>.
 - c) All selected applicants must provide a range of quality preventive and primary health services in a confidential manner at a school campus to meet the needs of children with limited access to health care in their communities.
 - d) All selected applicants must provide health services under the guidance of a broadly representative advisory council that includes parents and youths to be served, clergy, senior citizens, law enforcement, youth and family-service agencies, physicians, nurses, and other health care providers, businesses, charities, school nurses, school administrators, and faculty. The majority must be parents of children enrolled in the district. Responsibilities of the council will include: (1) recommending program policy, (2) identifying services to be provided, (3) budget oversight, (4) evaluating program effectiveness, and (5) assisting in generating other community resources (funds, personnel, services) to contribute to the health center's continued operation, and (6) establishing and maintaining a current comprehensive list of Medicaid and non-Medicaid service providers, counselors, clergy, family service agencies and other resources within the community and surrounding area that school-based health center personnel may provide to individuals and families who seek services not provided by the school-based health center. Meetings should be held at least quarterly and should be documented.
 - e) All selected applicants must provide assurance by means of a written agreement that students will not receive services at the school health center unless a parent or guardian executes a consent form approved by the school district board of trustees or its designees, with the recommendation of the advisory council.
 - f) All selected applicants must function as a team with the school-based health center staff, school nurse(s), advisory council, and other appropriate staff in planning and implementing health education and health programs.
 - g) All selected applicants must participate in statewide data collection for evaluation of the effectiveness of school health services.
 - h) All selected applicants must participate in an annual meeting for TDH-funded school-based health center projects.
 - i) All selected applicants are required to conduct program activities in accordance with various federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requisites can be found on the following website: <http://www.tdh.state.tx.us/oto/nodiscrfp.htm>.
- 2) **Core Services:** All of the following core services must be available on site to any requesting student, within the family consent guidelines described above.

- Maintenance of a health record and a health plan for participating students;
- Coordination of health activities with the student's primary physician (medical home) or, if the family has none, making an effort to identify a primary physician for the child;
- Health history and health record;
- Physical examinations including sports and employment physicals;
- Preventive health visits including Texas Health Steps (EPSDT) checkups;
- Dental screening and referral for services;
- Immunizations for all children within the school's attendance zone;
- Diagnosis and treatment of minor illness and minor injury;
- Referral and case management of chronic illness and emergencies (on site or through linkages with other healthcare providers who can provide care when referral is necessary);
- Basic laboratory services (on site or by subcontract);
- Dispensing of medications for treatment;
- Education and counseling programs (in coordination with classroom instruction) addressing nutrition, fitness, and the prevention of substance abuse, disease, and injury;
- Mental health and psycho-social counseling; and
- Provision of or referral to pregnancy testing.

Additional services that the advisory council may choose to offer include, but are not limited to, the following:

- WIC Services (may require extended evening or Saturday hours)
- Prenatal care and postpartum care
- Well-child care for children of students
- Substance abuse treatment

No reproductive services may be provided through a school-based health center receiving funding awarded to contractors as part of this RFP process. However, the school-based health center may treat and/or recommend treatment be sought for sexually transmitted diseases and/or prenatal care.

Any service provided by selected applicants must be provided by an appropriate professional who is properly licensed, certified, or otherwise authorized under state law to provide the service.

- 3) **Core Personnel:** Professional personnel may be scheduled to function at the clinic site on a full or part-time basis. The following are suggested staffing positions:
- a) **Physician/medical director:** licensed by the Texas State Board of Medical Examiners, experienced in the care of children, **or** an appropriately licensed **nurse practitioner** with expertise in the care of children practicing under the direction of a physician meeting the above description. The medical director will also be available for consultation, to see referrals, and to review charts.
 - b) **Registered Nurse (R.N.) and Clerk/Secretary:** should be on the school campus daily, including before and after school hours to coordinate services and to receive referrals.
 - c) **Mental Health Counselor:** to provide assessments and individual and group counseling.
 - d) **Social Worker:** available on site and to make home visits if indicated.

- e) **Support Staff:** a part-time worker (not more than 25% FTE), with administrative experience, may be funded by the grant to provide support for staffing and financial responsibilities.
 - f) **Research Specialist:** a professional with suitable qualifications in research and evaluation should be available as a project participant or consultant a sufficient number of hours per week to take full responsibility for effective recording, management, analysis, and reporting of project evaluation data and statistics using appropriate collection techniques, software, etc.
- 4) **Fiscal Requirements:** Programs will be expected to use funding available from agencies that currently serve the school population. Programs are also expected to bill appropriate public programs [e.g., Medicaid, Texas Health Steps (EPSDT), and School Health and Related Services (SHARS)] and are encouraged to bill private third-party insurers. Programs must ensure that reimbursement funds are used for furthering the objectives of this grant. Programs must operate as not-for-profit providers. Programs cannot charge families whose income is below 100% of federal poverty income level based on family size. Programs must comply with all current Medicaid requirements regarding the use of a sliding scale of fees for families with designated income levels.
- Match:** Participating communities will be expected to provide local financial support for the school-based health center that may include actual dollars, services, or other in-kind contributions. The required match percentage may vary with the applicant's documented circumstances of need and available resources. Documentation of any local match will be required for the annual fiscal review by TDH Grants Management monitors. Proposals that demonstrate plans to use resources (equipment, personnel, volunteers, educational resources) of a variety of community organizations/agencies will be given priority.
- 5) **Assurances:**
- a) **Community linkages:** The applicant must provide a comprehensive list of the health providers in the community willing to offer services to students in the clinic setting and from those who agree to accept referrals from the school-based health center. This list should include mental health, family/social services, dental health, specialists and others.
 - b) **Confidentiality:** Protocols for assuring confidentiality in storage and transfer of medical records must be available for inspection before contract award. School officials must understand that health records are confidential and can be shared with educators only with permission granted by the parent or guardian, and the student, if indicated.
 - c) **Quality of Care:** If services are provided by a nurse practitioner under the direction of a physician, a protocol for physician involvement in record review and consultation must be provided.
 - d) **Standard of Care:** All selected applicants are expected to deliver care according to standards of professional practice. Applicants may adopt guidelines from recognized professional organizations as protocol. Funded applicants are required to provide these protocols to the department upon request.
 - e) **Continuity of Care:** Written agreements for provision of after-hours care and care during summer and other vacation periods must be submitted.

- 6) **Reporting Requirements:** Health services offered in the schools have been found to save community dollars expended for emergency room visits, hospitalizations for illnesses that are preventable by immunization, and care of advanced chronic illness. It will be important to document that the program is cost effective.

- a) **Program Activities:** Funded programs will be required to submit quarterly and annual program reports regarding client services data to TDH to facilitate the evaluation of outcomes resulting from school-based health programs. Applicants must agree to report client/service data in a format requested by TDH. Data collection will include: number of encounters (broken down by age, sex, school year, type of visit), number of visits per participating student, frequency of occurrence of common physical/mental health problems. Additionally, funded applicants will be required to provide a signed statement indicating the school-based health center has made a good faith effort to meet TDH requirements.

Funded programs may be asked to examine hospitalization rates for students with certain chronic health problems before and after initiation of the program, to collect daily attendance data before and after initiation of the program, or to design and conduct school surveys of student behavioral and preventive health habits. Schools funded through this program will become part of a statewide network that will facilitate information exchange, training, and data collection.

- b) **Financial Reports:** Quarterly and annual budgetary reports to the Grants Management Division will be required. These reports must include a record of reimbursed funds, including the source (third-party payor) and amount. Programs must cooperate with fiscal or quality assurance audits.

F. Program Contact

For purposes of addressing questions concerning this RFP, the sole contact will be with the TDH Contract Management Section (CMS). Upon issuance of this RFP, other employees and representatives of TDH will not answer questions or otherwise discuss the contents of the RFP with any potential applicants or their representatives. Failure to observe this restriction may result in disqualification of any subsequent proposal. This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this RFP.

CMS is the sole point of contact with regard to all procurement and contractual matters relating to the services described herein. The School Health Program is the only office authorized to clarify, modify, amend, alter, or withdraw the project requirements, terms, and conditions of this RFP and any contract awarded as a result of this RFP.

All communications concerning this RFP must be addressed in writing, via fax, or by email to:

Contract Management Section (M-370)
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756
FAX (512) 458-7446
E-mail: contractmgt@tdh.state.tx.us

This address above will also serve as the address for mailing and for deliveries.

Written inquiries concerning this RFP must be received by CMS no later than **5:00 P.M. Central Standard Time (CST) on 04/01/03**. Responses to inquiries of a general nature will be posted on the School Health Program web site at www.tdh.state.tx.us/schoolhealth/heal_ctr.htm. Responses to inquiries of a specific nature will be provided only to the requestor. TDH will be the sole judge of whether an inquiry is of a general or specific nature.

III. APPLICATION DEADLINE AND SUBMISSION

A. Application Deadline

The application shall be received on or before the following date and time: **5:00 P.M. Central Daylight Time (CDT) on 04/15/03**. **APPLICATIONS RECEIVED AFTER THE APPLICATION DEADLINE SHALL NOT BE CONSIDERED FOR REVIEW.**

B. Submission

The original application and **four (4)** copies shall be submitted to:

Contract Management Section (M-370)
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

The physical address for overnight and personal deliveries is:

Contract Management Section (M-370)
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

TDH will not accept applications by facsimile or e-mail.

Applications may be mailed or hand-delivered to the TDH program address prior to the application deadline.

If an application is hand-delivered to the TDH program address above, the applicant should request a receipt at the time of delivery to verify that the application was received by the appropriate program on or before the application due date and time.

If an application is mailed, it is considered as meeting the deadline if it is received on or before the due date and time.

IV. APPLICATION REVIEW, SELECTION & NEGOTIATION

Applications will be reviewed according to the criteria below. To maximize fairness for all applications during review, TDH staff may only confirm receipt of an application and are not permitted to discuss the application or its review during the review process. All applications will remain with TDH and will not be returned.

A. Screening Applications

Applications will be initially screened for eligibility and timeliness.

B. Program Review Process

The School Health Program's established review process includes the following activities to be accomplished in the following chronological order:

- 1) Definition of review criteria;
- 2) Design of review tools, including a scoring document;
- 3) Selection of an inter-agency review team with representatives from the School Health Program, related TDH programs, and other relevant entities, as well as a review process leader from the School Health Program;
- 4) Design of training process for reviewers;
- 5) Establishment of time-line for review process;
- 6) Review of applications by review committee members; and
- 7) Provision of review scores, ranks, and recommendations by review committee members to School Health Program.

Each application will be reviewed by three members of the review team, who will each give the applications a numeric score. The average of the three reviewers' scores will be the evaluation score. The grant review team will give relative ranks to all of the proposals reviewed by the team and make a recommendation regarding funding. Given funding limits, the School Health Program will then determine which applicants will receive funding using the evaluation score, relative rank, team recommendations, and all information provided by the review process leader.

C. Program Review Tool

Proposals will be evaluated relative to the four criteria described below. Each criterion will count for a percentage of the evaluation score. (1) Administration will count for 25%, (2) Needs Assessment and Identification of Target Population will count for 25%, (3) Community Collaboration and Coordination will count for 25%, and (4) the Project Work Plan will count for 25% of the evaluation score. The criteria should be fully addressed in the applicant's response to key areas of **SECTION VI. APPLICATION CONTENT**. The criteria form the basis for the review tools that will be used to evaluate and score the applications. Bonus points (5% of total score) will be given to applicants located in "rural areas", defined as a county with a population not greater than 50,000. Bonus points (5% of total score) will also be given to applicants located in a school district that is in the bottom 25th percentile in regards to low property wealth per student. The Texas Education Agency will provide current data regarding which districts fall in the lower 25th percentile in regards to low property wealth per student.

The criteria are as follows:

- 1) **Administration:** The applicant will plan and administer a school-based health center effectively so that it meets the health needs of the community's children and families. The applicant's proposal addresses the following:
 - a) project abstract – provides a clear and concise description of the proposed project;

- b) organizational capacity – documented with an organizational chart and descriptions of personnel types and qualifications appropriate and well-matched with proposed activities;
 - c) quality assurance and evaluation plan – the extent to which a plan is described including methodology, responsible staff, and a time line; and
 - d) project budget – supports proposed school-based preventive and primary health care activities, contains allowable costs, does not include excessive administrative costs, and clearly defines and documents local match for grant dollars.
- 2) **Needs Assessment and Identification of Target Population:** The applicant will conduct needs assessment activities in order to determine special problems to be overcome, barriers to service, and unmet needs of the school-aged target population including:
- a) identification of target population to be served by SBHC – i.e. students, siblings, other family members, community members, estimated number to be served, description of geographic area, etc.; and
 - b) evidence of need – health problems identified, number or percent of students with chronic or disabling conditions, number of students eligible for free or reduced-price lunch, estimated number of students who are Medicaid eligible, etc.
- 3) **Community Collaboration and Coordination:** The applicant will facilitate collaboration among families, schools, and members of the community to assess and meet the health needs of the community's children and families. The project plan uses the following strategies for facilitating community collaboration:
- a) written parental consent – proposed operating procedure that requires written parent consent for students to be seen by SBHC staff as well as on-going communication;
 - b) SBHC advisory council – membership reflects all required areas of representation;
 - c) coordination among all school health components – planning involves health services, nutrition, health education, mental health, safe school environment, physical education, wellness promotion, and parents/community members; and
 - d) linkages with other local health care providers – description of plan for provision of or referral to specialty care and after-hours/weekend/holiday care, evidenced by letters of support/commitment.
- 4) **Work Plan:** The applicant will plan and implement school-based preventive and primary health services by conducting appropriate activities, including but not limited to the following:
- a) developing project goals and objectives – clearly listed, measurable, achievable;
 - b) developing project strategies and activities – clearly stated, including types of services provided, times of clinic operation, plans for fee schedules, plans to bill for third-party reimbursement, provision of lab and pharmacy services; and
 - c) developing performance measures - specific, measurable, time-phased, and feasible

D. Selection and Negotiation

Once award decisions are made, the School Health Program is responsible for negotiating contracts to obtain the needed client services within the framework of the goals of the program and the funds available. As funds are never unlimited, it is expected that the applicant(s) selected for contract awards may be asked to revise the budgets, as well as the goals and objectives, of their proposals in order to achieve the program's goals within available funding limits. This process is commonly referred to as contract negotiation. Upon request, the applicant shall submit written revisions reflecting negotiated changes. Once the contract negotiation process is complete, the School Health Program will initiate the development of a contract.

Each applicant whose proposal is selected for a contract shall receive written notification. This notice is an announcement of selection. The receipt of the notice is not legally binding until there is a fully executed contract.

Each applicant not selected for a contract will receive timely written notification that its proposal will not be funded.

V. TDH ADMINISTRATIVE INFORMATION

A. Incurring Costs and Rejection of Applications

Any costs incurred in the preparation of the application shall be borne by the applicant and are not allowable costs. TDH reserves the right to reject any or all applications and is not liable for any costs incurred by the applicant in the development, submission, or review of the application.

B. Right to Amend or Withdraw RFP

TDH reserves the right to alter, amend, modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract pursuant thereto if it is in the best interest of TDH and the State of Texas. The decision of TDH will be administratively final in this regard.

C. Financial and Administrative Requirements

All contractors shall follow applicable cost principles, audit requirements, and administrative requirements as follows:

Financial and Administrative Requirements

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non-Profit Organizations 48 CFR Part 31, For-profit Organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	OMB Circular A-133 and UGMS Program audit conducted by an independent certified public accountant shall be in accordance with Governmental Auditing Standards.	UGMS

Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. Copies of the manual are available from the Grants Management Division at (512)458-7470 or online at www.state.tx.us/grants/form_doc.htm.

All current contractors and/or selected applicants administering two or more TDH contract attachments are required to maintain integrity between the transactions affecting each contract attachment by: (1) maintaining a completely separate set of records for each contract attachment; or (2) establishing within the chart of accounts and general ledger a separate set of accounts for each contract attachment.

The applicant is encouraged to secure additional funds from other sources as necessary to strengthen the overall application.

D. Authority to Bind TDH

The Commissioner of Health and the Chief, Bureau of Financial Services (or a designee), are the only individuals who may legally commit TDH to the expenditure of public funds. No costs chargeable to the proposed contract may be reimbursed before TDH receives a fully-executed contract.

E. Contracting with Subrecipients and Vendors

The selected applicant may enter into grant contracts with subrecipients or procurement contracts with vendors. Applicant is responsible to TDH for the performance of any subrecipient or vendor.

If the applicant enters into contracts with subrecipients or procurement contracts with vendors, the documents shall be in writing and shall comply with the requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts. Copies of the provisions are available online at http://www.tdh.state.tx.us/grants/form_doc.htm or by calling Grants Management Division at 512-458-7470.

If an applicant plans to enter into a contract in which a subrecipient or vendor will receive a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant shall submit justification to TDH and receive prior written approval from TDH before entering into the contract.

F. Historically Underutilized Business (HUB) Guidelines

In accordance with Texas Government Code, Sections 2161.181-2161.182, Health and Human Service (HHS) agencies shall make a good faith effort to assist HUBs in receiving awards issued by the state. The goal of this program is to promote full and equal business opportunity for all businesses in contracting with the state. It is the intent of TDH that all TDH contractors make a good faith effort to subcontract with HUBs during the performance of their contract and to report their HUB subcontract activity to TDH on a quarterly basis. "Subcontract" means a written third party contract between a prime contractor/grantee and another contractor for the performance of all or part of a contract.

Blank HUB forms are included in the RFP. Please read the forms carefully. Complete HUB forms should be returned with the application. All questions concerning HUBs and TDH's HUB program should be directed to the TDH HUB Coordinator at 1-800-243-7487.

The HUB rules (1 Texas Administrative Code 111.11-111.28) may be obtained by contacting the TDH HUB Coordinator or by accessing the Texas Administrative Code on the Internet at <http://www.sos.state.tx.us/tac/>.

G. Contract Information

The final funding amount and the terms of the contract shall be determined through negotiations between the School Health Program and the applicant(s). TDH reserves the right to adjust the funding allocation during the term of the contract, pursuant to the terms of the contract. Any exceptions to any of the requirements in the RFP shall be specifically noted and satisfactorily explained by the applicant in the application as a condition for allowing those exceptions in the contract.

H. Protest of Application or Bid Denial

TDH has established a procedure for dispute resolution for any applicant that responded to a TDH client services RFP. An applicant may request review of a TDH action that denies the award of a contract for client services to that applicant after response to a TDH solicitation by following the procedures and time frames included in TDH Executive Order 0110, Protest of Application or Bid Denial for Client Services Contract. A copy of this procedure is located at http://www.tdh.state.tx.us/grants/law_reg.htm or can be obtained by calling the Grants Management Division at 512-458-7470.

CONTENT AND PREPARATION

VI. APPLICATION CONTENT

A. Instructions for Preparation

The application must be developed and submitted in accordance with the instructions outlined in this section. The application must be:

- Typed (computer or typewriter);
- Single-spaced;
- 12-point font on 8 ½" x 11" paper with 1" margins; and
- Printed on one side only.
- The blank forms provided in **SECTION VII. BLANK FORMS AND INSTRUCTIONS** must be used.
- All pages of the application, including any attached documents, must be consecutively numbered.

Failure to arrange the application as requested may result in its disqualification.

Specific instructions for each required section are provided. Additional instructions on completing forms are found either on the reverse side of the forms or on supplemental pages included in **SECTION VII. BLANK FORMS AND INSTRUCTIONS**. Forms may be electronically reproduced. However, all forms must be identical to the respective originals provided.

B. Confidential Information.

The applicant shall clearly designate any portion(s) of this application that contains confidential information and state the reasons the information should be designated as such. Marking the entire application as confidential will neither be accepted nor honored. If any information is marked as confidential in the application, TDH will determine whether the requested information may be excepted from disclosure under the Public Information Act, Texas Government Code, Chapter 552. If it constitutes an exception and if a request is made by any other entity for the information marked as confidential, the information may be excepted from disclosure and shall be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, applications to this RFP are subject to release as public information unless any application or specific parts of any application can be shown to be exempt from the Public Information Act, Chapter 552, Texas Government Code.

C. Table of Contents**THE APPLICATION MUST BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:**

- 1) **Face Page - Application for Financial Assistance**
- 2) **Application Checklist**
- 3) **Contact Person Information**
- 4) **Administrative Information**
- 5) **Project Abstract**
- 6) **Applicant Background/Experience**
- 7) **Assessment Narrative**
- 8) **Project Description and Work Plan**
 - a) **Goals of Program**
 - b) **Performance Measure Requirements:**
 - c) **Work Plan**
- 9) **Financial Information**
 - a) **Funding Information**
 - b) **Budget**
- 10) **Other Required Forms and Documentation**
 - a) **Historically Underutilized Businesses (HUBs)**
 - b) **Nonprofit Board of Directors and Executive Director Assurances Form**
 - c) **TDH Assurances and Certifications**
 - d) **Map Indicating Campus(es) To Be Served**
 - e) **Map Indicating Location of SBHC on Campus(es) Served**
 - f) **Floor Plan of the Proposed SBHC Facility**
 - g) **Proposed Services Form**

VII. BLANK FORMS AND INSTRUCTIONS

Several of the following forms can sum columns and rows of numbers, but you must update them to see the current values.

- To update a single field, click the field or the field results, and then press F9.
- To update all fields in a document, click Select All on the Edit menu, and then press F9.
- To update fields before you print, on the Tools menu, click Options, and then click the Print tab. Under Printing options, select the Update fields check box. Word updates the fields before printing the document.

Caution: Never delete the gray area (text form field) in the box for the total. The Backspace key will delete it. The Delete key will delete it. Try not to touch the field except to update it. The formulas will not work after the text form field (gray area) for the total is deleted. The formulas will not work after an existing total is deleted. This is because the formula needs to put the results in a text form field. If you accidentally delete the text form field for a total, try copying and pasting an unused field for a number from another part of the form, and then update that field.



Texas Department of Health

FORM A: FACE PAGE – Application for Financial Assistance

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the application and shall be completed

in its entirety.

APPLICANT INFORMATION	
1) LEGAL NAME:	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): <div style="float: right; text-align: right;"> Check if address change <input type="checkbox"/> </div>	
3) PAYEE Mailing Address (if different from above): <div style="float: right; text-align: right;"> Check if address change <input type="checkbox"/> </div>	
4) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit):	
5) TYPE OF ENTITY (check all that apply): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> City</div> <div style="width: 33%;"><input type="checkbox"/> Nonprofit Organization*</div> <div style="width: 33%;"><input type="checkbox"/> Individual</div> <div style="width: 33%;"><input type="checkbox"/> County</div> <div style="width: 33%;"><input type="checkbox"/> For Profit Organization*</div> <div style="width: 33%;"><input type="checkbox"/> State Controlled Institution of Higher Learning</div> <div style="width: 33%;"><input type="checkbox"/> Other Political Subdivision</div> <div style="width: 33%;"><input type="checkbox"/> HUB Certified</div> <div style="width: 33%;"><input type="checkbox"/> Hospital</div> <div style="width: 33%;"><input type="checkbox"/> State Agency</div> <div style="width: 33%;"><input type="checkbox"/> Community-Based Organization</div> <div style="width: 33%;"><input type="checkbox"/> Private</div> <div style="width: 33%;"><input type="checkbox"/> Indian Tribe</div> <div style="width: 33%;"><input type="checkbox"/> Minority Organization</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> </div> <p><i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i></p>	
6) PROPOSED CONTRACT PERIOD: Start Date: _____ End Date: _____	
7) COUNTIES SERVED BY PROJECT:	
8) AMOUNT OF FUNDING REQUESTED: _____ 9) AMOUNT OF MATCH PROVIDED: _____	
10) NUMBER OF CLIENTS TO BE SERVED:	12) PROJECT CONTACT PERSON Name: Phone: Fax: E-mail:
11) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related TDH funds.</i>	13) FINANCIAL OFFICER Name: Phone: Fax: E-mail:
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in APPENDIX A: TDH Assurances and Certifications . I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.	

14) AUTHORIZED REPRESENTATIVE Name: Phone: Fax: E-mail:	15) SIGNATURE OF AUTHORIZED REPRESENTATIVE
	16) DATE

FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the Texas Department of Health (TDH), including the signature of the authorized representative. It is the cover page of the application and required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in **APPENDIX A: TDH Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the General Services Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **PROPOSED CONTRACT PERIOD** - Enter contract period for this application. Contract period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from TDH for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **AMOUNT OF MATCH PROVIDED** - Enter the amount of local match proposed for the SBHC project.
- 10) **NUMBER OF CLIENTS TO BE SERVED** - Enter the estimated total number of clients to be served by the SBHC.
- 11) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year, applicant shall arrange for a financial and compliance audit (Single Audit).
- 12) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 13) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 14) **AUTHORIZED REPRESENTATIVE** - Enter the name, phone, fax, and e-mail address of the person authorized to represent the applicant.
- 15) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.
- 16) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

FORM B: APPLICATION CHECKLIST

Legal Name of Applicant: _____

This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

FORM	DESCRIPTION	Include d	Not Applicable
A	Face Page completed, and proper signatures and date included	<input type="checkbox"/>	
B	Application Checklist completed and included	<input type="checkbox"/>	
C	Contact Person Information completed and included	<input type="checkbox"/>	
D	Administrative Information completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>	
E	Project Abstract	<input type="checkbox"/>	
F	Applicant Background/Experience included	<input type="checkbox"/>	
G	Assessment Narrative included	<input type="checkbox"/>	
H	Goals	<input type="checkbox"/>	
I	Performance Measures included	<input type="checkbox"/>	
J	Work Plan included	<input type="checkbox"/>	
K-1	Budget Summary Form completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	<input type="checkbox"/>	
K-2 - K-8	Budget Category Detail Forms completed and included	<input type="checkbox"/>	
L-1 – L-5	Client Services HUB Subcontracting Plan completed and included	<input type="checkbox"/>	<input type="checkbox"/>
M	Nonprofit Board of Directors and Executive Director Assurances form signed and included	<input type="checkbox"/>	<input type="checkbox"/>
N-Q	Other School Health Program Maps, Floor Plans, Proposed Services Forms included	<input type="checkbox"/>	

FORM C: PROGRAM CONTACT INFORMATION

Legal Name of Applicant: _____

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify the School Health Program.

Authorized _____ Title: _____ Phone _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, & _____) _____ _____ _____ _____
School _____ District _____ Title: _____ Phone _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, & _____) _____ _____ _____ _____
Project Director: _____ Title: _____ Phone _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, & _____) _____ _____ _____ _____
SBHC Medical Director: _____ Title: _____ Phone _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, & _____) _____ _____ _____ _____
Business _____ Office _____ Title: _____ Phone _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, & _____) _____ _____ _____ _____

FORM D: ADMINISTRATIVE INFORMATION

This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

Legal Name of Applicant: _____

Identifying Information

1. The applicant shall attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

If a Nonprofit or For profit Corporation

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.

2. Is applicant a private, nonprofit organization?

☐ YES ☐ NO

If YES, applicant shall include evidence of its nonprofit status with the application. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS') most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid IRS Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with a program of TDH, indicate TDH program name and date of filing.

Previously Filed with: (TDH Program)

On (Date)

FORM D: ADMINISTRATIVE INFORMATION continued

Conflict of Interest and Contract History

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with TDH, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of TDH, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by TDH that a conflict of interest exists, the applicant may be disqualified from further consideration for the award of a contract.

1. **Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?**

☐ YES ☐ NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

2. **Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?**

☐ YES ☐ NO

If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.

3. **Has applicant had a contract with TDH within the past 24 months?**

☐ YES ☐ NO

If YES, indicate the contract number(s):

Contract Number(s)	

If NO, applicant shall be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If audited documentation is not available, provide explanation and submit a complete copy of the most recent Federal Income Tax Return (i.e. Form 990) as filed with the Internal Revenue Service. TDH will evaluate the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability.

4. **Is applicant or any member of applicant's executive management, project management, board members or principal officers:**

- delinquent on any state, federal or other debt;
- affiliated with an organization which is delinquent on any state, federal or other debt; or
- in default on an agreed repayment schedule with any funding organization?

☐ YES ☐ NO

If YES, please explain. (Attach no more than one additional page.)

FORM E: PROJECT ABSTRACT

Please provide a brief description of the proposed project's goals, objectives, activities, target population, and partnerships with other organizations/agencies. (Use a maximum of two (2) pages.)

FORM F: APPLICANT BACKGROUND/EXPERIENCE

*Applicant shall provide a narrative description including: the legal name of the applicant; any affiliations; its overall purpose or mission statement; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils or committees. **A maximum of four additional pages may be attached if needed.***

FORM G: ASSESSMENT NARRATIVE

*Multiple data sources and assessments exist for many communities. Applicant is encouraged to utilize these resources when completing this form. Address each of the assessment activities (see ASSESSMENT NARRATIVE Guidelines) associated with the services proposed in this application. **A maximum of four additional pages may be attached if needed.***

FORM G: ASSESSMENT NARRATIVE Guidelines

Multiple data sources and assessments exist for many communities. Applicant is encouraged to utilize these resources when completing this form. Specifically address each of the assessment activities listed below associated with the services proposed in this application. The required assessment items include:

1. Describe role and experience in public health assessment activities.
2. Specify names of the individuals or groups who conducted the assessment(s) and the date(s) completed.
3. Provide brief synopsis of the community as a whole describing in general:
 - a. Geographic boundaries (urban or rural, physical environment);
 - b. General demographic data (age, gender, ethnicity, etc.);
 - c. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.); and
 - d. General description of community-wide health status (e.g., key morbidity/mortality statistics).
4. Describe target population including:
 - a. Geographic service area;
 - b. Characteristics of target population (including demographic and socioeconomic data specific to each population);
 - c. Target population's health status (including population data related to health indicators, behavioral data, and community opinion data).
5. Describe health care resources available in the community, gaps in resources, and potential barriers to improving health status.
6. Provide list of the top five health priorities identified by the community assessment. Include the process utilized for determining the top health priorities.

FORM H: PROGRAM GOALS

*Please list and give a description of the goals of the proposed School-Based Health Center project. **A maximum of two additional pages may be attached if needed.***

FORM I: PERFORMANCE MEASURES

*In the event a contract is awarded, applicant agrees that performance measures(s) will be used to assess, in part, the applicant's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this application. **A maximum of four additional pages may be attached if needed.***

FORM I: PERFORMANCE MEASURE Guidelines

Applicants shall write performance measures for project objectives and proposed target levels of performance for each measure. The proposed measures and levels of performance will be negotiated and agreed upon by applicant and TDH if applicant is selected to negotiate a contract.

Performance measures shall be specific, measurable, time-phased, and feasible. Performance measures quantify program outcomes and outputs, the number of such outputs to be performed, and the efficiency with which they will be performed. Performance measures also define the applicant's obligations in order to meet its contract requirements.

Performance measures are defined as outcome, output, efficiency, and explanatory measures. A well-written measure includes the following components: who will deliver the service(s) and their qualifications (as appropriate); a deliverable (a product or service and how much); a schedule/time frame; and a standard of performance. The following table provides a guide for developing the different types of performance measures:

Type	Measure	Example
Outcome	<i>measures the actual impact or public benefit of an entity's actions</i>	<i>% of clients rehabilitated % of entities in compliance with requirements % of licensees with validated complaints</i>
Output or process	<i>counts the goods/services provided</i>	<i># of clients served # of inspections conducted # of applications processed</i>
Efficiency	<i>measures the cost, unit cost, or productivity associated with a given outcome or output</i>	<i>average cost per client served average cost per inspection average time to process application</i>
Explanatory	<i>shows the resources used to produce services and display factors that affect entity performance</i>	<i># of clients eligible for services # of entities subject to inspection or regulation # of license applications received</i>

FORM J: WORK PLAN

*Applicants shall describe plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see WORK PLAN Guidelines) associated with the services proposed in this application. **A maximum of ten additional pages may be attached if needed.***

FORM J: WORK PLAN Guidelines

Applicant shall describe its plan for service delivery to the population in the proposed service area(s) and include time lines for accomplishments. The work plan shall address the needs and the problems identified in the community assessment for improving health status. The plan shall address the following:

1. List members of SBHC Advisory Council;
2. Provide documentation of relationships and arrangements with other health/social service agencies and supportive community sectors (linkages) including coordination with other health and human service providers in the area. Delineate how duplication of services is to be avoided;
3. Describe strategies for engaging student/family involvement as decision makers regarding health services, wellness promotion, and community connections;
4. Incorporate School Health Advisory Council as the bridge connecting SBHC operations and the school district's health services program;
5. Summarize the proposed services, population to be served, location, hours, etc.;
6. Describe who will deliver services and how they will be delivered;
7. Describe efforts to ensure students/families utilize the school-based health center;
8. Identify an approximate number of students to be served by the school-based health center, both with and without a medical home and with and without some form of medical insurance;
9. Describe the process to be used for obtaining payment and/or reimbursement from all available sources of funding;
10. Describe plans for provision of lab services;
11. Describe plans for provision of pharmacy services/student prescriptions;
12. Describe plans for after-hours, week end, and vacation health care access;
13. Describe a method of tracking the attendance rate of a target group of students (historically unmanaged asthmatics, for example) both before and after establishment and use of the school-based health center;
14. Describe a method for correlating student academic achievement (individually and collectively) to positive health outcomes and/or positive health status;
15. Describe a method for measuring stabilization of physical well-being;
16. Identify ways to link existing data and explore the correlation of factors such as volume of school nurse visits, school counselor visits, discipline referrals, academic progress reports, absenteeism and health status;
17. Describe how data will be collected and tabulated; who is responsible for data collection and reporting and frequency of data collection activities;
18. Describe the quality assurance plan and process that will allow applicant to meet standards;
19. Describe how client satisfaction will be measured; and
20. Describe how the project, if funded, will be evaluated; including stakeholder input, health advisory council input, etc.

FORM K-1: BUDGET SUMMARY

Legal Name of Applicant: _____

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$	\$	\$	\$	\$	\$
B. Fringe Benefits	\$	\$	\$	\$	\$	\$
C. Travel	\$	\$	\$	\$	\$	\$
D. Equipment	\$	\$	\$	\$	\$	\$
E. Supplies	\$	\$	\$	\$	\$	\$
F. Contractual	\$	\$	\$	\$	\$	\$
G. Construction	N/A	N/A	N/A	N/A	N/A	N/A
H. Other	\$	\$	\$	\$	\$	\$
I. Total Direct Costs	\$	\$	\$	\$	\$	\$
J. Indirect Costs	\$	\$	\$	\$	\$	\$
K. Total (Sum of I and J)	\$	\$	\$	\$	\$	\$
L. Program Income - Projected Earnings	\$	\$	\$	\$	\$	\$

Indirect costs are based on (mark the statement that is accurate):

- ☐ The applicant's most recently approved indirect cost rate _____ % A copy is attached behind the OTHER Budget Category Detail Form (FORM K7).
- ☐ The applicant's most recently approved indirect cost rate _____ % which is on file with TDH's Grants Management Division.
- ☐ Uniform Grant Management Standards. Complete an INDIRECT COST Budget Category Detail Form (FORM K8).

***Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-TDH state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.**

FORM K-1: BUDGET SUMMARY Instructions

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the application. All applicants shall complete the budget summary form. Be sure to refer to the appropriate sections in the RFP for program-specific allowable and unallowable costs.

This form should reflect funding from all sources that support the project described in this attachment. Itemize the amount of support for each funding source and sum rows A through L and columns rows 1-5. See "Detailed Budget Category Forms, Instructions" for definitions of cost categories. For purposes of this form, the column headings have the following meanings:

- Column 1: The amount of funds requested from the Texas Department of Health (TDH) for this project.
Column 2: Federal funds awarded directly to applicant.
Column 3: Funds awarded to applicant from other State of Texas governmental agencies.
Column 4: Funds awarded to applicant by local governmental agencies (city, county, local health department, etc.).
Column 5: Funds from other sources not previously addressed in columns 1-4 (third party reimbursements, private foundations, donations, fund-raising).
Column 6: The sum of columns 1-5.

Program Income: Projected Earnings. Applicant must estimate the amount of program income that is expected to be generated during the budget period.

DEFINITION: Program income is the income resulting from fees or charges made by a contractor in connection with activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort which is jointly funded by TDH and the contractor is to be shared by TDH and the contractor. A program income allocation plan is the means by which TDH's share is determined. The required formula for a plan is as follows:

$$\frac{\text{TDH's Share of Funding}}{\text{TDH's Share of Funding} + \text{Contractors Share of Funding}} \times \text{Total Program Income Collected} = \text{TDH's Share of Program Income}$$

Contractor shall disburse program income rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting cash payments including advance payments from TDH.

For more information about program income, refer to the Program Income Article in the General Provisions for TDH Grants Contracts and/or request a copy of TDH's Financial Administrative Procedures Manual from the Grants Management Division or on the Internet at www.tdh.state.tx.us/grants/form_doc.htm.

INSTRUCTIONS:

Projected Earnings. Applicant must enter on the BUDGET SUMMARY form the estimated amount of program income that is expected to be generated during the budget period.

Examples Of Program Income

- Fees received for personal services performed in connection with and during the period of contract support;
- Tuition and fees when the course of instruction is developed, sponsored, and supported by the applicable contract from state or federal sources;
- Sale of services such as laboratory tests or computer time;
- Payments received from patients or third parties for medical or hospital service, such as Title XIX or Title XX reimbursements, insurance payments, or patient fees. These payments may be made under either a cost reimbursement or a fixed price agreement;
- Lease or rental of films or video tapes; and
- Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.

Match: Applicants are required to enter the amount of matching funds contributed from the appropriate funding column(s). Costs and third party in-kind contributions counting towards satisfying a cost sharing or matching requirement must be verifiable from the applicant's records. These records must show how the value placed on third party in-kind contributions was derived. To the extent feasible, volunteer services will be supported by the

same methods that the applicant uses to support the allocability of regular personnel costs. Third party in-kind contributions count toward satisfying a cost sharing or matching requirement only where, if the party receiving the contributions were to pay for them, the payments would be allowable costs.

In-Kind: The dollar value of in-kind contributions should be reflected in the appropriate line of row M. In-Kind Match and in the appropriate funding source column heading. The value placed on donated or volunteer services must be reasonable and must be documented to the satisfaction of TDH prior to being accepted as match. Documentation supporting the reasonableness and value of donated or volunteer services must be attached behind the BUDGET SUMMARY form.

Other Match: Enter the dollar amount of funds which will be used to match TDH funds for the proposed activity in row M. Other Match under the column heading which reflects the source of the other match. Match may come from sources such as local funds, other state grants, federal grants, private donations, or private foundations if not otherwise restricted.

FORM K-1: BUDGET SUMMARY Sample

Legal Name of Applicant: Apple County Health Department

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$ 27,900	\$ 30,900	\$ 5,000	\$ 0	\$ 0	\$ 63,800
B. Fringe Benefits	\$ 4,032	\$ 5,030	\$ 1,000	\$ 0	\$ 0	\$ 10,062
C. Travel	\$ 1,373	\$ 2,070	\$ 5,00	\$ 0	\$ 0	\$ 3,448
D. Equipment	\$ 2,060	\$ 3,050	\$ 2,050	\$ 1,500	\$ 0	\$ 8,660
E. Supplies	\$ 45,000	\$ 46,000	\$ 20,000	\$ 5,500	\$ 0	\$ 116,500
F. Contractual	\$ 41,208	\$ 42,010	\$ 15,000	\$ 0	\$ 0	\$ 98,218
G. Construction	N/A	N/A	N/A	N/A	N/A	N/A
H. Other	\$ 23,000	\$ 1,000	\$ 500	\$ 0	\$ 0	\$ 24,500
I. Total Direct Costs	\$ 144,573	\$ 130,060	\$ 44,050	\$ 7,000	\$ 0	\$ 325,683
J. Indirect Costs	\$ 2,025	\$ 900	\$ 650	\$ 0	\$ 0	\$ 3,575
K. Total (Sum of I and J)	\$ 146,598	\$ 130,960	\$ 44,700	\$ 7,000	\$ 0	\$ 329,258
L. Program Income --Projected Earnings	\$ 13,200	\$ 12,000	\$ 4,200	\$ 600	\$ 0	\$ 30,000

Indirect costs are based on (mark the statement that is accurate):

- ☐ The applicant's most recently approved indirect cost rate _____ % A copy is attached behind the OTHER Budget Category Detail Form (FORM K7).
- ☐ The applicant's most recently approved indirect cost rate _____ % which is on file with TDH's Grants Management Division.
- ☒ Uniform Grant Management Standards. Complete an INDIRECT COST Budget Category Detail Form (FORM K8).

*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-TDH state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

DETAILED BUDGET CATEGORY FORMS

General Information

Requirements for Categorical Budgets

The application shall include a detailed breakdown of budget cost categories and a narrative justification. Details of each cost category shall be expressed using the budget category detail forms (I1-I7), which follow. Definitions of the cost categories and instructions and examples of how to itemize the contents of each cost category are included after the budget category detail forms. Computer generated facsimiles may be substituted for any of the forms; however, the exact wording and format must be maintained.

General Information

Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. Copies of the manual are available from the Grants Management Division or on the Internet at www.tdh.state.tx.us/grants/form_doc.htm.

Only those costs allowable under UGMS and any revisions thereto plus any applicable federal cost principles are eligible for reimbursement under this contract. Applicable cost principles, audit requirements, and administrative requirements are as follows:

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For Profit Organization and other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	Program audit conducted by an independent certified public accountant must be in accordance with Governmental Auditing Standards.	

A. Allowable and Unallowable Costs

Below is a brief listing of allowable and unallowable costs as prescribed by federal cost principles or TDH policy. Applicable federal cost principles provide additional information and guidance on allowable and unallowable costs.

An **allowable cost**, in accordance with federal cost principles, meets the following criteria:

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It can be allocated to the funded program and is not a general expense needed to carry out the contractor's general responsibilities;
3. It is authorized or is not prohibited under applicable laws or regulations;
4. It conforms to applicable limitations or exclusions;
5. It is consistent with applicable policies and procedures;
6. It is treated consistently through the application of generally accepted accounting principles appropriate to the circumstances;
7. It is not allocated or included as a cost of any other program; and
8. It is the net sum of all applicable credits.

**DETAILED BUDGET CATEGORY FORMS,
Allowable/Unallowable Costs continued**

Unallowable costs, i.e., costs that may not be paid with TDH funds include, but are not limited to:

1. Advertising and public relations costs other than those specifically allowed by terms of the contract attachment or those incurred for the purpose of personnel recruitment, solicitation of bids and disposal of surplus materials;
2. Bad debts;
3. Construction is not allowed without the prior written approval of TDH;
4. Contingency reserve funds;
5. Contributions and donations;
6. Entertainment costs including amusement/social activities and their related costs (meals, beverages, lodgings, rentals, transportation, and gratuities) are not allowed unless the costs are directly related to the program's purpose and TDH has reviewed and issued prior written approval of the work plan components that relate to entertainment costs;
7. Fines, penalties, late payment fees, bank overdraft charges;
8. Fundraising;
9. Interest (unless specifically authorized by applicable cost principles or authorized by federal or state legislation);
10. Lobbying;
11. Underrecovery of costs under Federal Agreements. Any excess costs over the Federal contribution under one award agreement are unallowable under other award agreements.

B. Direct Costs

Direct costs are those that can be specifically identified with a particular award, project, service, scope of work or other direct objective of an organization. These costs may be charged directly to the TDH contract attachment (if applicant is awarded a contract). These costs may also be charged to cost objectives used to accumulate all costs pending distribution to specific contracts and other purposes. Direct cost categories include: personnel, fringe benefits, travel, equipment, supplies, contractual, and other.

C. Indirect Costs

Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. The amount of indirect costs that may be charged to any resulting TDH contract attachment is determined by negotiation and will be defined in the contract budget attachment.

D. Audit Requirements

If required by OMB Circular A-133 and/or UGMS, applicant or applicant's authorized contracting entity shall arrange for a financial and compliance audit (Single Audit). Applicant may include in the budget request an amount for TDH's proportionate share of costs. The audit must be conducted by an independent CPA and must be in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS. Audit services shall be procured in compliance with state procurement procedures, as well as the provisions of UGMS.

FORM K-2: PERSONNEL Budget Category Detail Form

Legal Name of Applicant: _____

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
FRINGE BENEFITS: Itemize the elements of fringe benefits in this space. Attach an additional sheet of paper if more space is required.				Salary Total	\$	
				Fringe Benefit Rate	%	%
				FRINGE BENEFITS TOTAL		\$

FORM K-2: PERSONNEL (MATCH) Budget Category Detail Form

Legal Name of Applicant: _____

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
FRINGE BENEFITS: Itemize the elements of fringe benefits in this space. Attach an additional sheet of paper if more space is required.				Salary Total		\$
				Fringe Benefit Rate		%
				FRINGE BENEFITS TOTAL		\$

FORM K-2: PERSONNEL Budget Category Detail Form Sample

Legal Name of Applicant: Apple County Health Department

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
Financial Officer (E)	5%		\$42,000	\$2,100	N	Provides financial accountability of program
Administrative/Personnel (P)	5%		\$36,000	\$1,800	Y	Provides personnel services and training
Outreach Counselor (E)	100%		\$24,000	\$24,000	N	Provides outreach/case management services
FRINGE BENEFITS: Itemize the elements of fringe benefits in this space. Attach an additional sheet of paper if more space is required. FICA 7.65% Worker's Comp 2.05% Retirement Plan 1.63% Health Insurance 3.12%				Salary Total		\$27,900
				Fringe	Benefit	Rate
				14.45 %		
				FRINGE BENEFITS TOTAL		\$4,032

PERSONNEL

DEFINITION: Actual salaries and wages for all staff positions in the proposed project that will provide direct care and administrative services (including clerical) to the project.

INSTRUCTIONS: Enter the following information for each position on the PERSONNEL Budget Category Detail Form: functional title, whether the position is existing or proposed, % of time dedicated to the project, any certification or license an individual must possess to be qualified for the position, the total annual salary, the amount of TDH funds requested for this position's salary (% of time dedicated to the project multiplied by the annual salary), whether the position is vacant or filled, and the justification for the position. Justification may include a brief description of the position's primary responsibilities and an explanation for the % of time dedicated to the project, why the position classification is appropriate (including license/certification requirements), and an explanation of reasonableness of the annual salary.

FRINGE BENEFITS

DEFINITION: Fringe benefits paid by the applicant on behalf of its employees. This includes employer contributions for social security, retirement, health and accident insurance, and workers' compensation insurance. Fringe benefits requested should represent actual benefits paid for employees.

INSTRUCTIONS: Itemize the elements of fringe benefits and indicate the % rate on the PERSONNEL Budget Category Detail Form.

FORM K-3: TRAVEL Budget Category Detail Form

Legal Name of Applicant: _____

Local Travel Costs (mileage plus per diem)

Mileage Reimbursement Rate	Estimated Number of Miles	Estimated Mileage Cost (a)	Estimated Per Diem Costs (b)	Estimated Total Local Travel Costs (a) + (b)	Justification (include who or what position will be traveling, area or locations to cover, and why local travel is necessary to accomplish the project)
\$		\$	\$	\$	

Conference/Workshop Costs

Name and/or Description of Conference/Workshop	Location (City)	No. of Applicant Employees Attending (for whom TDH funds are requested)	Estimated Travel Cost (# of miles x reimbursement rate; estimated airfare, etc.)		Estimated Per Diem Cost	Estimated Related Travel Costs (rental, etc.)	Estimated Total Conference/Workshop Cost	Justification
TOTAL for Conf/Workshop TRAVEL:			\$		\$	\$	\$	

Local TRAVEL Costs: \$	Conf/Workshop TRAVEL Costs: \$	Total TRAVEL Costs: \$
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NOTE: All contracts with the Texas Department of Health require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, TDH's travel policy will be used.

FORM K-3: TRAVEL (MATCH) Budget Category Detail Form

Legal Name of Applicant: _____

Local Travel Costs (mileage plus per diem)

Mileage Reimbursement Rate	Estimated Number of Miles	Estimated Mileage Cost (a)	Estimated Per Diem Costs (b)	Estimated Total Local Travel Costs (a) + (b)	Justification (include who or what position will be traveling, area or locations to cover, and why local travel is necessary to accomplish the project)
\$		\$	\$	\$	

Conference/Workshop Costs

Name and/or Description of Conference/Workshop	Location (City)	No. of Applicant Employees Attending (for whom TDH funds are requested)	Estimated Travel Cost (# of miles x reimbursement rate; estimated airfare, etc.)		Estimated Per Diem Cost	Estimated Related Travel Costs (hotel, etc.)	Estimated Total Conference/Workshop Cost	Justification
TOTAL for Conf/Workshop TRAVEL:			\$		\$	\$	\$	

Local TRAVEL Costs: \$	Conf/Workshop TRAVEL Costs: \$	Total TRAVEL Costs: \$
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NOTE: All contracts with the Texas Department of Health require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, TDH's travel policy will be used.

FORM K-3: TRAVEL Budget Form Sample

SAMPLE

Legal Name of Applicant: Apple County Health Department

Local Travel Costs (mileage plus per diem)

Mileage Reimbursement Rate	Estimated Number of Miles	Estimated Mileage Cost (a)	Estimated Per Diem Costs (b)	Estimated Total Local Travel Costs (a) + (b)	Justification (include who or what position will be traveling, area or locations to cover, and why local travel is necessary to accomplish the project)
\$.31	1,068	\$ 331	\$ 144	\$ 475	Executive Director – Travel to all site locations in the nineteen county area for review, monitor, evaluate, and oversee clinic operations.

Conference/Workshop Costs

Name and/or Description of Conference/Workshop	Location (City)	No. of Applicant Employees Attending (for whom TDH)	Estimated Travel Cost (# of miles x reimbursement rate; estimated airfare, etc.)		Estimated Per Diem Cost	Estimated Related Travel Costs (taxi, etc.)	Estimated Total Conference/Workshop Cost	Justification
Family Planning Advisory Committee Meetings (4)	Austin	1	1,735 miles x \$0.31/mile =	\$538	\$360	\$0	\$898	Clinic Services Director to attend Family Planning Committee meetings (4)
TOTAL for Conf/Workshop TRAVEL:				\$538	\$360	\$0	\$898	

Local TRAVEL Costs:	\$475	Conf/Workshop TRAVEL Costs:	\$898	Total TRAVEL Costs:	\$1,373
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NOTE: All contracts with the Texas Department of Health require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, TDH's travel policy will be used.

TRAVEL

DEFINITION: The costs of transportation, lodging, meals and related expenses incurred by the applicant's staff while traveling to perform duties required by the proposed project are classified as travel. This includes personal auto mileage for travel by employees. Costs related to client transportation, registration fees, and travel associated with contractual staff should be classified as "Other", not "Travel."

INSTRUCTIONS: The TRAVEL Budget Category Detail Form requires information on local travel costs (travel and per diem) and information on conferences/workshops for which TDH funding is being requested. For local travel, enter the reimbursement rate for automobile mileage and the estimated number of miles to be traveled for the budget period. To calculate the total estimated local travel costs, multiply the local reimbursement rate per mile by the total estimated number of automobile miles. Enter the estimated per diem costs which may be associated with local travel and show the basis for cost (15 partial days x \$7 per partial day = \$105). The justification should include who or what position

classification(s) will be traveling and why local travel is necessary to accomplish the project. For conferences/workshops, the following must be included for all attending for whom TDH funds are being requested: the name and/or description of the conference/workshop, the location (city), the number of persons attending, estimated travel, per diem, other related travel costs (excluding registration fees) and total costs for all attending. The justification should include how attendance at the conference/workshop will directly benefit the project and why it is necessary to accomplish the project.

FORM K-4: EQUIPMENT Budget Category Detail Form

Legal Name of Applicant: _____

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order. See attached sample for equipment definition and detailed instructions to complete this form.

DESCRIPTION OF ITEM (/ \$1,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for EQUIPMENT:		\$	

FORM K-4: EQUIPMENT (MATCH) Budget Category Detail Form

Legal Name of Applicant: _____

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order. See attached sample for equipment definition and detailed instructions to complete this form.

DESCRIPTION OF ITEM (/ \$1,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for EQUIPMENT:		\$	

FORM K-4: EQUIPMENT Budget Category Detail Form SampleLegal Name of Applicant: Apple County Health Department

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order.

DESCRIPTION OF ITEM (<i>> \$1,000 or Exception</i>)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
Laptop Computer Dell Inspiron 8000, Intel Pentium III Processor at 850 MHZ, .32 KB Internal Cache (L1), 100 MHZ (Pentium III) external BUS, Frequency and 66 MHZ (Celeron) external BUS frequency Intel 815e AGP, Set Chipset with 4X AFP memory	\$2,060 / 1	\$2,060	Administrative processing and billing for Community Power Point presentation on the value of Family Planning
TOTAL Amount Requested for EQUIPMENT:		\$ 2,060	

EQUIPMENT

DEFINITION: Equipment is defined by TDH as non-expendable personal property with a unit cost of more than \$1,000.00 and a useful life of more than one year, with the following exceptions: fax machines, stereo systems, cameras, video recorders/players, microcomputers, printers, software, medical and laboratory equipment. Medical and laboratory equipment in this category is defined as microscopes, oscilloscopes, centrifuges, balances, and incubators. Medical and laboratory equipment not included in these five categories are not considered a capital asset unless the unit value is over \$1,000.00. The exception items listed will still be inventoried if their unit cost plus any items used with or attached to the unit is \$500.00 or greater. For items with component parts (i.e., computers), the aggregate cost must be considered when applying the \$500/\$1,000 threshold.

INSTRUCTIONS: Enter the following information on the EQUIPMENT Budget Category Detail Form for each type of equipment item: description of each item, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), state the purpose for the item(s) and why the equipment is necessary and how the applicant determined or will determine that the cost is reasonable. Attach a complete specification or a copy of the purchase order.

EXAMPLES OF EQUIPMENT DESCRIPTIONS

Remember: Equipment is priced **per unit** including freight. If you intend to purchase 10 modems @ \$95 each, this would be considered a supply item not an equipment item.

INCORRECT EXAMPLES

Computer-850 Mhz Pentium
100 MHZ (Pentium III)
1 @ \$2,150
with 4X AFP memory.
(*insufficient description/specification*)

CORRECT EXAMPLES

Laptop Computer Dell Inspiron 8000, Intel Pentium III Processor at 850 MHZ, .32 KB Internal Cache (L1),
external BUS, Frequency and 66 MHZ (Celeron) external BUS frequency Intel 815e AGP, Set Chipset
1 @ \$2,150

1 @ \$250 Laser Jet Printer <i>(This item would be moved to supplies as it is less than \$500.00).</i>	24" Zenith Portable TV/VCR Combination; Model #Z12345 1 @ \$750

FORM K-5: SUPPLIES Budget Category Detail Form

Legal Name of Applicant: _____

Itemize, describe and justify the supply items listed below. Costs may be categorized by each general type (e.g., office, computer, medical, educational, janitorial, etc.). See attached sample for definition of supplies and detailed instructions to complete this form.

DESCRIPTION OF ITEM (<small>/ \$1,000 excluding equipment exceptions</small>)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for SUPPLIES:		\$	

FORM K-5: SUPPLIES (MATCH) Budget Category Detail Form

Legal Name of Applicant: _____

Itemize, describe and justify the supply items listed below. Costs may be categorized by each general type (e.g., office, computer, medical, educational, janitorial, etc.). See attached sample for definition of supplies and detailed instructions to complete this form.

DESCRIPTION OF ITEM (<small>/ \$1,000 excluding equipment exceptions</small>)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for SUPPLIES:		\$	

SAMPLE FORM K-5: SUPPLIES Budget Category Detail Form Sample

Legal Name of Applicant: Apple County Health Department

Itemize, describe and justify the supply items listed below. Costs may be categorized by each general type (e.g., office, computer, medical, educational, janitorial, etc.).

DESCRIPTION OF ITEM (/ \$1,000 excluding equipment exceptions)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
Office supplies	\$750 / month	\$9,000	Supports Family Planning clinic services
Pharmaceuticals	\$3,000 / month	\$36,000	Medications to serve patients
TOTAL Amount Requested for SUPPLIES:		\$ 45,000	

SUPPLIES

DEFINITION: Costs for materials and supplies necessary to carry out the program. This includes medical supplies, drugs, janitorial supplies, office supplies, patient educational supplies, software less than \$500, plus any equipment or furniture with a purchase price including freight not to exceed \$1,000 per item, except those listed in the "equipment" category.

INSTRUCTIONS: Enter the following information in the SUPPLIES Budget Category Detail Form for each general category or type of supplies: description of the items, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), and state the purpose for the item(s), why the supplies are necessary and how the applicant determined or will determine that the cost is reasonable.

FORM K-6: CONTRACTUAL Budget Category Detail Form

Legal Name of Applicant: _____

List contracts for services related to the scope of work that are to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME <small>(Agency or Individual)</small>	DESCRIPTION OF SERVICES <small>(Scope of Work)</small>	METHOD OF REIMBURSEMENT <small>(Unit Cost or Cost Reimbursement)</small>	# of Hours or Units of Service	UNIT COST RATE <small>(If Applicable)</small>	CONTRACTOR TOTAL	JUSTIFICATION
TOTAL Amount Requested for CONTRACTUAL:					\$	

FORM K-6: CONTRACTUAL (MATCH) Budget Category Detail Form

Legal Name of Applicant: _____

List contracts for services related to the scope of work that are to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION

TOTAL Amount Requested for CONTRACTUAL:

\$

FORM K-6: CONTRACTUAL Budget Category Detail Form Sample

SAMPLE

Legal Name of Applicant: Apple County Health Department

List contracts for services related to the scope of work that are to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION
Dr. Bob Health, D.O.	Oversees medical services	Unit Cost	month	\$300	\$3,600	Medical Director required by TDH
Dr. Peter Paul, D.O.	Provides health history & physicals	Unit Cost	130 hours/month	\$3,034	\$36,408	Contract physician at clinics performing medical exams
Dr. Billy Bob, D.O.	Provide professional guidance	Cost Reimburse	N/A	N/A	\$1,200	Medical Consultant
TOTAL Amount Requested for CONTRACTUAL:					\$ 41,208	

CONTRACTUAL

DEFINITION: Activities identified in the scope of work that are delegated by the applicant to a third party; the cost of providing these activities is recorded in this category. Travel costs incurred by a third party while performing these activities should be included in this category. Contracts for administrative services are not included in this category; they are properly classified in the Other category.

If the applicant enters into grant contracts with subrecipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the [Contracts with Subrecipients](#) and [Contracts for Procurement](#) articles in the General Provisions for Texas Department of Health Grant Contracts available online at www.tdh.state.tx.us/grants/form_doc.htm or by calling Grants Management Division at 512-458-7470.

If an applicant plans to enter into a contract which delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant must submit justification to TDH and receive prior written approval from TDH before entering into the contract.

INSTRUCTIONS: The CONTRACTUAL Budget Category Detail Form requires names of the individuals or organizations performing the services, a description of the services being contracted, the number of hours or units of service to be purchased, the method of reimbursement (cost reimbursement or unit cost), unit cost if applicable and total amount of each subcontract. Justification should include why applicant intends to contract for the service, why the service is necessary to perform the scope of work and how the applicant will ensure that the cost of the service is reasonable.

Justification for contracts that delegate a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, must be attached behind the CONTRACTUAL Budget Category Detail Form.

FORM K-7: OTHER Budget Category Detail Form

Legal Name of Applicant: _____

DESCRIPTION	(# of units x unit cost if applicable)	COST	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for OTHER:		\$	

FORM K-7: OTHER (MATCH) Budget Category Detail Form

Legal Name of Applicant: _____

DESCRIPTION	(# of units x unit cost if applicable)	COST	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for OTHER:		\$	

FORM K-7: OTHER Budget Category Detail Form SampleLegal Name of Applicant: Apple County Health Department

DESCRIPTION	# of units x unit cost if applicable	COST	PURPOSE & JUSTIFICATION
Telephone (23 lines)	12 months x \$833.34 =	\$10,000	Telephone service
Printing	12 months x \$666.67 =	\$8,000	Documents, forms, letters, and literature
Single Audit	1 x \$5,000 =	\$5,000	Single Audit (TDH requirement)
TOTAL Amount Requested for OTHER:		\$ 23,000	

OTHER

DEFINITION: All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should be budgeted in this category are:

- * contracts for administrative services;
- * space and equipment rental;
- * utilities and telephone expenses;
- * data processing services;
- * printing and reproduction expenses;
- * postage and shipping;
- * contract clerical or other personnel services;
- * janitorial services;
- * exterminating services;
- * security services;
- * insurance and bonds;
- * equipment repairs or service maintenance agreements;
- * books, periodicals, pamphlets, and memberships;
- * advertising;
- * registration fees;
- * patient transportation;
- * training costs, speakers fees and stipends.

INSTRUCTIONS: The OTHER Budget Category Detail Form requires a general description of the service, and the cost. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity. The justification should also include a statement of when services will be utilized if other than the full RFP budget period.

FORM K-8: INDIRECT COST Budget Category Detail Form

Legal Name of Applicant: _____

Complete this form if requesting funds for indirect costs based on Uniform Grants Management Standards. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity.

DESCRIPTION	PURPOSE & JUSTIFICATION
Total Amount Requested for INDIRECT COST:	\$

FORM K-8: INDIRECT COST (MATCH) Budget Category Detail Form

Legal Name of Applicant: _____

Complete this form if requesting funds for indirect costs based on Uniform Grants Management Standards. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity.

DESCRIPTION	PURPOSE & JUSTIFICATION
Total Amount Requested for INDIRECT COST:	\$

FORM K-8: INDIRECT COST Budget Category Detail Form Sample**Legal Name of Applicant:** Apple County Health Department

Complete this form if requesting funds for indirect costs based on Uniform Grants Management Standards. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity.

DESCRIPTION	PURPOSE & JUSTIFICATION
General administration and maintenance	\$2,025
Total Amount Requested for INDIRECT COST:	\$2,025

INDIRECT COSTS

DEFINITION: Those costs related to the project that are not included in direct costs. Indirect costs are those costs incurred for a common or joint purpose benefiting more than one cost objective and not readily identified with a particular cost center and which may be paid if allowable under the funding source, e.g., depreciation and use allowances, interest, operation and maintenance expenses (janitorial and utility services, repairs and normal alterations of buildings, furniture, equipment, care of grounds, security), general administration and general expenses (central offices such as director, office of finance, business services, budget and planning, personnel, general counsel, safety and risk management, management information services).

The applicant may negotiate an indirect cost rate with its federal cognizant agency or state coordinating agency. If there is no assigned agency, TDH's Grants Management Division (GMD) may provide guidance on how to have an agency assigned or TDH's GMD may review the applicant's cost allocation plan and negotiate an approved indirect cost rate. The TDH GMD will maintain a listing of agencies and their approved rates. To obtain information about cognizant agencies or negotiating an indirect cost rate, contact the TDH GMD at (512) 458-7111 ext. 2281.

If the applicant does not have an approved indirect cost rate and does not intend to negotiate one, then funds may be budgeted in accordance with Uniform Grant Management Standards (UGMS) which reads as follows:

"In lieu of determining the actual indirect costs of the service for which a state award is made, a grantee may recover up to 10 percent of the direct salary and wage costs of providing the service (excluding overtime, shift premiums, and fringe benefits) as indirect costs, subject to adequate documentation [of direct salary and wage costs]. Applicants choosing this method of indirect cost recovery are prohibited from seeking recovery using a cost allocation plan, rate or other methods for the same period."

INSTRUCTIONS: Applicant should indicate the indirect cost rate (if applicable) on the BUDGET SUMMARY page and mark the box which contains the appropriate statement regarding the support for the indirect charge. If applicant attaches a copy of the most recently approved indirect cost rate, it should be placed behind the OTHER Budget Category Detail Form. If applicant has marked the box "Uniform Grants Management Standards," then an INDIRECT COST Budget Category Detail Form should be completed. The form requires a description of each type of costs and is necessary a justification. The justification should include an explanation of the purpose of the services and how it is necessary for the completion of the activity.

FORM L-1: TDH GRANT/CONTRACT APPLICANTS CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-IGA)

INSTRUCTIONS

HUB Subcontracting Plan (HSP) Policy: In accordance with Texas Government Code, Sections 2161.181-182, Health and Human Service (HHS) agencies shall make a good faith effort to utilize Historically Underutilized Businesses (HUBs) in contracts for construction, services (including professional and consulting services), and commodity procurements. Therefore, HHS contractors shall be required to make a good faith effort to ensure that HUBs receive their respective share of the total value of all subcontract awards each fiscal year. "Subcontract" means a written third party contract between a prime contractor/grantee and another contractor for the performance of all or part of a contract.

The questions below must be completed and returned by applicant with the application.

Applicant (Agency or company) Name _____ Date: _____
(print):
TDH Grant/Contract Application Identifier: _____
BCH/SCHOOL

Yes/No	
<input type="checkbox"/> <input type="checkbox"/>	Are you a governmental body (local government, school district, etc.) bound by HUB or MWBE
Yes	If "Yes", complete only the top part of this sheet and return it with your application; no further action is required.
No	If "No", please complete the table below.

Yes/No	
<input type="checkbox"/> <input type="checkbox"/>	Is this application for more than \$100,000?
<input type="checkbox"/> <input type="checkbox"/>	If "Yes" above, do budget categories Equipment, Supplies, Contractual and Other have a combined value of NOTE: If it is prudent to expect that during the initial contract period the combined subcontracting amount in these budget categories will exceed \$50,000, applicant should respond "yes".
Yes	If "Yes" to both of the above, you MUST comply with the HUB Subcontracting Plan (HSP) Procedures listed below and document your efforts by completing the Determination of Good Faith Effort form (C-DGFE) and the Subcontractor Status Determination form (C-SSD).
No	If "No" to either of the above, you do not have to complete any other HUB forms; however, we encourage you to make efforts to subcontract with qualified HUBs whenever possible in connection with this contract.

HUB Subcontracting Plan (HSP) Procedures

By implementing the following procedures, an applicant shall be presumed to have made a good faith effort to fulfill a HSP.

1. The applicant must notify at least three (3) qualified HUBs of the work that the contractor intends to subcontract. The primary source for finding certified HUBs is the General Services Commission HUB vendor file. These businesses can be located at <http://www.gsc.state.tx.us/cmb/cmbhub.html> (**select HUBs on CMBL or HUBs Not on CMBL**):

- The preferable method of notice shall be in writing;
- The notice must include a quantitative description of the subcontracting work and identify a location or means to review contract specifications;
- The notice must be provided to potential subcontractors prior to submission of the application;
- The applicant must provide potential subcontractors a reasonable period of time to respond to the notice. "Reasonable time" in this context is no less than five working days from receipt of the notice to respond unless circumstances require a different time period, determined by the soliciting agency and documented in the project file.

2. If it is determined that the applicant fails to provide a good faith effort to fulfill these HSP procedures, the applicant's executive director will be notified with a required date for correction of the deficiencies noted.

3. After a contract/grant award, the contractor/grantee shall report to the TDH HUB Coordinator the amount paid to its subcontractors on a quarterly basis using the Quarterly Subcontract Report form (C-QSR) provided in this application.

FORM L-2: TDH GRANT/CONTRACT APPLICANTS CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-DGFE)

DETERMINATION OF GOOD FAITH EFFORT

Based on applicant's responses to the HUB Subcontracting Plan (HSP) form (C-IGA), applicant may be required to complete and submit this form with the application. The purpose of this form is to document applicant's good faith efforts to develop a HUB subcontracting Plan.

1. Are you certified as a Texas Historically Underutilized Business (HUB)? ☐ Yes ☐ No
2. Do you plan to subcontract all or any portion of the contract? ☐ Yes ☐ No
- If yes, you are required to complete and submit the Subcontractor Status Determination form (C-SSD)

Yes/No	The Texas Department of Health will determine if a good faith effort has been made to develop a HUB Subcontracting Plan based on the responses below	Required Documentation (to be maintained by applicant)
<input type="checkbox"/> <input type="checkbox"/>	Did your company divide the contract work into reasonable lots in accordance with standard industry practices?	Statement of compliance methodology
<input type="checkbox"/> <input type="checkbox"/>	Did your company send notices containing adequate information about bonding, insurance, plans, specifications, scope of work, and other requirements to three (3) or more qualified HUBs, allowing reasonable time for HUBs to participate effectively?	Phone Logs, Fax Transmittals, etc
<input type="checkbox"/> <input type="checkbox"/>	Did your company negotiate in good faith with qualified HUBs, not rejecting qualified HUBs who were the best value responsive bidder?	Selection Process Documentation
<input type="checkbox"/> <input type="checkbox"/>	Did your company document reasons for rejection or meet with rejected HUBs to discuss the rejection?	Selection Process Documentation
<input type="checkbox"/> <input type="checkbox"/>	Did your company advertise in general circulation, trade association, and minority/women focus media concerning subcontracting opportunities?	Copies of Advertisements
<input type="checkbox"/> <input type="checkbox"/>	If you used a source other than the GSC HUB directory, have you identified the subcontractor and the governmental certification source, and assisted the selected minority or women- owned business subcontractor to become certified by GSC?	Subcontractor Status Determination of (C-SSD)

TDH Grant/Contract Application Identifier: BCH/SCHOOL

Applicant (Agency or Company) Name (print): _____

Authorized Signature and Title: _____ Date: _____

FOR AGENCY USE ONLY:

It is my determination that the applicant - **HAS** _____ - **HAS NOT** _____ - determined good faith according to Texas Government Code, Sections 2161.181-182 in connection with this application. If applicant has not demonstrated good faith, attach explanation.

Reviewed by: _____ Title _____ Date _____

FORM L-3: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-SSD)

SUBCONTRACTOR STATUS DETERMINATION

Applicant/Prime Contractor's Name: _____

TDH Grant/Contract Identifier: BCH/SCHOOL

Prime contractor should contact Subcontractor to obtain information as required to complete this form. Include each proposed Subcontractor.

Subcontractor Name	Address	Estimated Dollar Value of Subcontract	Description of Subcontracted Goods and/or Services	If certified as a Minority/Women-Owned Business, enter certification number and certifying entity	If HUB* Qualified, but not Certified enter Qualifying Ethnicity/Gender

*A **Historically Underutilized Business (HUB)** is defined as a business that is formed for the purpose of making a profit and is otherwise a legally recognized business organization under the laws of the State of Texas. At least 51% of the assets and interest and/or classes of stock and equitable securities must be owned by one or more persons who are United States citizens born or naturalized. The following are recognized by the State of Texas as having been economically disadvantaged because of their identification as members of the **qualifying groups - Asian Pacific Americans (AS), Black Americans (BL), Hispanic Americans (HI), Native Americans (NA), and American Women (WO)**. These individuals must demonstrate active participation in the control, operation and management of the daily business affairs of the company that is proportionate to their ownership interest. HUB businesses must have a permanent business office located in Texas where the majority HUB owner(s) makes the decisions, controls the daily operations of the organization, and participates in the business. Owners must be residents of the State of Texas and meet all other certification and compliance requirements. Out-of-state businesses are ineligible for state certification.

FORM L-4: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-QSR)

QUARTERLY SUCONTRACT REPORT

PRIME CONTRACTOR/GRANTEE INFORMATION:

Report Quarter: _____

Prime Contractor/Grantee Name: _____

Vendor Identification Number: _____ Object Code (agency use): _____

TDH Grant/Contract Identifier: BCH/SCHOOL Total Contract Amount: _____

Address: _____ Telephone #: _____ Fax#: _____

SUBCONTRACTOR INFORMATION:

Subcontractor Name	Vendor Identification Number	If HUB Qualified But Not Certified, Enter Qualifying Ethnicity/Gender	Description of Services/ Materials Provide	Contact Person & Telephone Number	Amount Paid This Date	Amount Paid To Date
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Total Reported:					\$ 0	\$ 0

Please check here ☐ if NO subcontractors have been utilized during this quarter.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature /Authorized Representative: _____ **Date:** _____

Send This To: Texas Department of Health
HUB Coordinator
1100 West 49th Street
Austin, Texas 78756-3199

Quarter	Months Included	Deadline
<i>First</i>	<i>September, October, November</i>	<i>December 5th</i>
<i>Second</i>	<i>December, January, February</i>	<i>March 5th</i>
<i>Third</i>	<i>March, April, May</i>	<i>June 5th</i>
<i>Fourth</i>	<i>June, July, August</i>	<i>September 5th</i>

FORM M: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

If the applicant is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit applicants intending to or contracting with TDH.

(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with TDH.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the Texas Department of Health, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be forwarded to the Texas Department of Health's Grants Management Division, no later than 45 days after the meeting in which the form was discussed.
- K. If a contract is executed with the Texas Department of Health and the nonprofit organization has not received any funding from TDH for the past 24 months, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by TDH staff.

*Chairman of the Board Signature/Date

*President or Executive Director Signature/Date

*If the signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

FORM N: Map Indicating Location of Campus(es) To Be Served

FORM O: Map Indicating Location of SBHC on Campus(es) Served

FORM P: Floor Plan of Proposed SBHC

FORM Q: Proposed Services Form

Location of Proposed School-Based Health Center

City _____ County: _____ Public Health Region: _____

Name of School District(s) Served: _____

School campus(es) where school-based health services will be provided (either on-site or via mobile clinic unit):

Name of School/Campus (and district if more than one served)	Enrollment
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

Other campuses to be served by school-based health center project:

1 _____	_____
2 _____	_____
3 _____	_____

Total enrollment of campuses to be served by school-based health center (*target population*):

Estimated number of unduplicated clients (students) to be served in the school-based health center during State fiscal year 2003 (September 1, 2002 through August 31, 2003):

Percentage of target population to be served:

Estimated number of unduplicated clients (other than students) to be served in the school-based health center during State fiscal year 2003 (September 1, 2002 through August 31, 2003):

TOTAL estimated number of clients to be served:

Who will be served? (check all that apply):

_____ Students _____ Sibling _____ Parents _____ Children of Students _____ Other

Do you currently have a Medicaid provider number? Yes _____ No _____ Number: _____

Do you currently have a Texas Health Steps provider number? Yes _____ No _____ Number: _____

Estimated number and percent of students in *target population* who are Medicaid eligible: #: _____ %: _____

Number and percent of students in target population participating in free/reduced price school lunch program: #: _____ %: _____

Estimated number of students in target population who are in ESL and/or bilingual programs: _____

Estimated number of students in target population who do not have a medical home: _____

Estimated number of students in target population who do not have any form of health insurance at all (including Medicaid, CHIP, etc.): _____

Legal Name of Applicant:

FORM Q: Proposed Services Form - continued

SERVICES TO BE PROVIDED: (please check all that apply to your proposed school-based health center)

On-Site	Referral*	(*If services will be provided by referral, please identify the referral agency under "LINKAGES")
<input type="checkbox"/>	<input type="checkbox"/>	Maintenance of a health record and a health plan for participating students
<input type="checkbox"/>	<input type="checkbox"/>	Case management of the participating student's health activities, including referral and case management of chronic illness and emergencies
<input type="checkbox"/>	<input type="checkbox"/>	Physical examinations
<input type="checkbox"/>	<input type="checkbox"/>	Preventive comprehensive well-child assessments including Texas Health Steps (EPSDT) screening, (nutritional, developmental, and mental health assessments and anticipatory guidance)
<input type="checkbox"/>	<input type="checkbox"/>	Dental screening and referral for service
<input type="checkbox"/>	<input type="checkbox"/>	Immunizations for all children in the school's attendance zone
<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of minor illnesses, communicable diseases and minor injuries
<input type="checkbox"/>	<input type="checkbox"/>	Basic laboratory services (or arrangement for convenient access to services)
<input type="checkbox"/>	<input type="checkbox"/>	Dispensing of medications for services
<input type="checkbox"/>	<input type="checkbox"/>	Education and counseling program (in coordination with classroom instruction) addressing nutrition, fitness and the prevention of substance abuse, disease, and injury
<input type="checkbox"/>	<input type="checkbox"/>	Mental health and psychosocial counseling
<input type="checkbox"/>	<input type="checkbox"/>	Provision of pregnancy testing
<input type="checkbox"/>	<input type="checkbox"/>	Provision of prenatal care
<input type="checkbox"/>	<input type="checkbox"/>	WIC services
<input type="checkbox"/>	<input type="checkbox"/>	Prenatal care and post-partum care
<input type="checkbox"/>	<input type="checkbox"/>	Well-child care for children of students
<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse treatment

LINKAGES: (List hospitals, clinics, and/or private practice physicians with whom you have written agreements to provide after-hours and weekend primary care services and specialty services to your targeted population)

HOURS: (List hours that primary care services will be available on-site in the school-based health center)

Monday: _____ Wednesday: _____ Friday: _____	Tuesday: _____ Thursday: _____ Saturday: _____
-------------------------------------------------------------------------	---------------------------------------------------------------------------

Sunday:

APPENDIX A

TDH ASSURANCES AND CERTIFICATIONS

Note: Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the awarding program within TDH.

As the duly authorized representative of the applicant, my signature on the FACE PAGE Form certifies that the applicant:

1. Has the legal authority to apply for state/federal assistance, and the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this application;
2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allowability determination; and source documentation;
3. A parent, affiliate, or subsidiary organization, if such a relationship exists, will give TDH, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
4. Will supplement the project/activity with funds made available through a contract award as a result of this RFP and will not supplant funds;
5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
6. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
7. Affirms that it has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement;
8. Will honor for 90 days after the application due date the technical and business terms contained in the application;
9. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
10. Will not require a client to provide or pay for the services of a translator or interpreter;
11. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;

12. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the clients confidentiality, and the client is advised that a free interpreter is available;
13. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this application;
14. Agrees to comply with the following to the extent such provisions are applicable:
 - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
 - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
 - C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.; and
 - D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
15. Will comply with the Uniform Grant Management Act (UGCMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;
16. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
17. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
18. Will comply with environmental standards which may be prescribed pursuant to the following:
 - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;"
 - B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans;"
 - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §7401 et seq.;
 - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;
19. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
20. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;
21. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation and certification of

clinical laboratories;

22. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Bloodborne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle bloodborne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;
23. Will not, if a for profit organization, charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable, allocable, and reasonable direct and indirect costs which are incurred in conducting an assistance project;
24. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.
25. Defined as the primary participant in accordance with 45 CFR Part 76, and his/her principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
 - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the application response.

The applicant agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

26. Understands that Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).
 - (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
 - (b) If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of

Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Texas Department of Health.

- (c) The language of this certification shall be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

- 27. Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the TDH terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).